

APPLICATION INFORMATION

Application number:: New
Filing Date:: Filed herewith
Application Type:: Regular
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CR disks::
Number of copies of CDs::
Sequence submission?:: None
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: CHEMOTACTIC FACTOR INHIBITOR FOR
MODULATING INFLAMMATORY REACTIONS
Attorney Docket Number:: 6013-149US MG/dp
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: None
Total Drawing Sheets:: 12
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Secrecy Order in Parent Appl.?:: No

INVENTOR INFORMATION

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Philippe A.
Middle name::
Family name:: TESSIER
Name Suffix::
City of Residence:: Cap-Rouge
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 1056 de St-Sébastien
City:: Cap-Rouge
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1Y 2S5

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Carle
Middle name::
Family name:: RYCKMAN
Name Suffix::
City of Residence:: Duberger
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 1424 boul Père-Lelièvre, apt. 102
City:: Duberger
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1M 1N9

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Karen
Middle name::
Family name:: VANDAL
Name Suffix::
City of Residence:: Lac St-Charles
State or Province of Residence:: Québec
Country of Residence:: Canada
Street:: 440 rue Des Champs
City:: Lac St-Charles
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G3G 1M7

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given name:: Pascal
Middle name::
Family name:: ROULEAU
Name Suffix::
City of Residence:: Lac St-Charles
State or Province of Residence:: Québec
Country of Residence:: Canada

Street:: 440 rue Des Champs
City:: Lac St-Charles
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G3G 1M7

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
60/393,520	Provisional		07/05/2002
			MM/DD/YY

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::
-----------	----------------------	---------------

ASSIGNEE INFORMATION

Assignee name:: UNIVERSITE LAVAL
Street:: Cité Universitaire
City:: Québec
State or Province:: Québec
Country:: Canada
Postal or Zip Code:: G1K 7P4